



Community Based Adult Services (CBAS) Program

CBAS Provider Updates Webinar

March 22, 2012





Agenda

- Introductions & Overview
- Status Reports: CBAS Providers, Assessments
- Various Updates –
 - Eligibility Lists, Notices, Enhanced Case Management, Fair Hearings, Discharge Plans, Cost Reports, CBAS Provider Agreements, Certification Activities, Non-profit Provisions
- New IPC and TAR Processing
- Questions



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Objective

Share program information to assist providers in CBAS transition



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 **Status Report –
CBAS Providers** 

- Applications:
 - Received = 275
 - Approved = 268
 - Denied = 3
 - Withdrawn = 4
- Open CBAS centers as of 3/22/12 = 259

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 **Status Report –CBAS
Assessments** 

- DHCS has finished all pre-April 1st assessment work.
- Further assessments will begin again after April 1st.
- Data on assessments still being input
- Assessment statistics will be shared once data input is complete

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 **Confirmed Eligibility Lists** 

- CDA/DHCS will mail lists to each provider by Tuesday, 3/27.
- Lists will include:
 - Eligibles
 - Ineligibles
 - Those whose ADHC benefits will end March 31st and are not eligible for CBAS services April 1st
 - Those who can continue services, pending fair hearing and/or ECM completion

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 **Beneficiary Notices** 

- Beneficiaries will continue to receive notices regarding the statuses reflected on the providers' lists.
- DHCS and CDA will post notices to the websites next week.

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 **Enhanced Case Management (ECM)** 

- APS Healthcare and managed care plans continue to reach out to ADHC participants found ineligible for CBAS to provide ECM services.
- Please encourage your participants to cooperate with ECM providers to ensure that participants receive care planning and referrals to assist when ADHC/CBAS services may no longer be available to them.

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 **Fair Hearings** 

- Clarification: The Department of Social Services (CDSS) has noticed participants who have requested fair hearings that they need to provide supporting documents within 10 days of their letter. We understand that the first notices indicate records must be requested by March 23rd. CDSS encourages submission of records as early as possible, but will accept until the day preceding the hearing.
- DHCS will process requests for records as expeditiously as possible.

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 **Discharge Plans** 

- Submission of discharge plans for participants determined by DHCS to be ineligible – **NO** required form or format:
 - Participant's managed care plan
– or
 - APS Healthcare
2485 Natomas Park Drive, Suite 300
Sacramento, CA 95833

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 **CBAS Provider Certification** 

- Provider Agreements
 - CBAS IMS 36 forms mailing next week
- Renewal Applications
 - CDA currently sending
 - Revised instructions
- Surveys
 - CDA resuming regular survey activities in April
 - CDA will begin working with managed care plans, refining oversight protocols, sharing deficiency reports

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 **Cost Reports** 

- ADHC cost report requirements will not apply to CBAS providers
- DHCS will issue a Provider Bulletin in May 2012 to formalize this policy

NOTE: All Medi-Cal providers are required to maintain financial books and records according to generally accepted accounting principles and make records available for review by DHCS or its designee. CBAS providers are also required to meet financial record-keeping and reporting requirements specified in any contracts with managed care organizations.

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 **Non-Profit Provisions** 

- Guidance to CBAS providers regarding non-profit provisions and exceptions will be provided in April 2012.
- DHCS, CDA will be meeting with provider representatives in April to discuss

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 **New CBAS IPC** 

- Will be issued in the April Medi-Cal Provider Bulletin
- Now posted on the DHCS and CDA websites
- Major changes:
 - Criteria
 - Box number changes

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 **CBAS IPC** 

- Walk through...

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TAR Processing



- All field office staff have completed pre-April 1st assessment work
- LA Field Office staff have resumed TAR processing
- Busy clearing out back-logged TARs
- Thanks everyone for your patience


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CBAS TAR Process



- Beginning in April, DHCS will schedule and conduct face-to-face assessments for:
 - All new CBAS participants who were not previously ADHC participants
 - Participants designated by the Department to be presumptively eligible (PE) who have not had a face-to-face
 - Former ADHC participants made eligible for CBAS because a face-to-face assessment was not conducted prior to April 1st.


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CBAS TAR Process



- TARs For Services Beginning April 1st

Ineligible Participants:	
Those whose ADHC benefits will end March 31 st and are not eligible for CBAS services April 1 st	No provider action necessary. TARs will be "End Dated" by DHCS
Those who can continue services, pending fair hearing and/or ECM completion	Submit TAR/IPC to LA Medi-Cal Field Office on same expiration schedule as ADHC TARs


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 **CBAS TAR Process** 

- TARs For Services Beginning April 1st (cont.)
 - Eligible Participants
 - Submit to LA Medi-Cal Field Office on same expiration schedule as ADHC TARs
 - New Participants and continuing participants –
 - Submit to LA Medi-Cal Field Office on same expiration schedule as ADHC TARs.

You may begin submitting the new CBAS IPC form now.

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 **Ongoing Updates & Information** 

- TAR Issues
 - LA Medi-Cal Field Office: (213) 897-0745
- ADHC / CBAS Program Issues
 - CDA: (916) 419-7545

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 **Ongoing Updates & Information** 

- DHCS and CDA Websites and Email:
 - www.dhcs.ca.gov/services/medi-cal/Pages/ADHC/ADHC.aspx
 - adh-transition@dhcs.ca.gov
 - www.aging.ca.gov/programs/adhc/default.asp
 - adhccda@aging.ca.gov

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 **Questions?** 

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- Thanks For Participating

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